

SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER
Court-Appointed Psych Expert Application and Agreement

1. Contact Information

- a. Appointee Name: _____
- b. License #: _____ License Type: ☐ Psychiatry ☐ Psychology
- c. Place of Business: _____
- d. Mailing address: _____
City: _____ State: _____ Zip: _____
- e. E-mail: _____
- f. Daytime phone: _____ Cell: _____ Fax: _____

2. Areas of Expertise and Interest

AREA OF LAW/ CODE SECTION	QUALIFIED TO PERFORM	INTERESTED IN APPOINTMENT	COMMENTS
Penal Code § 288.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penal Code § 1026	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penal Code § 1368	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penal Code § 2962	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penal Code § 6550	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penal Code § 1001.36	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence Code § 730	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence Code § 1017	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 366 et seq.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 707	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 730	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 3051	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 6550	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W&I Code § 6600	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you willing and able to conduct evaluations for incarcerated individuals? ☐ Yes ☐ No

3. Professional and Personal Qualifications

- a. Are you fluent in a language other than English?
☐ No ☐ Yes - please list language(s): _____
- b. Have you ever been denied entry and/or been involuntarily removed from an appointment list in another court or county? (If yes, please provide explanation with dates in a separate attachment.)
☐ No ☐ Yes
- c. Do you have any prior or pending disciplinary action against you by a professional licensing agency in any state? (If yes, please provide explanation with dates in a separate attachment.)
☐ No ☐ Yes

CERTIFICATION

I understand and acknowledge that the selection and appointment of psych experts is solely at the discretion of the court. I hereby certify that all statements made in this entire application, including attachments, are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from the appointment list. In the execution of my duties as a psych expert I will strive to conduct myself at all times with dignity, courtesy, and integrity.

Date: _____

TYPE OR PRINT NAME

LICENSE #



SIGNATURE OF APPLICANT

WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied to serve as a psych expert with the Superior Court of California, County of Placer. I hereby authorize the California Board of Psychology, the Medical Board of California, and/or the Department of Consumer Affairs to release to an authorized representative of the court, for up to 90 days after the date of my signature, information regarding the following matters:

- (1) Whether I am in good standing or am authorized to perform psychological and/or psychiatric evaluations;
- (2) Whether I have a record of discipline with the licensing authority for psychological and/or psychiatric services in any state where I am licensed; and
- (3) Whether any disciplinary investigation or proceeding is pending against me by the licensing authority in any state where I am licensed.

Date: _____

TYPE OR PRINT NAME

LICENSE #



SIGNATURE OF APPLICANT